

BENEFITS	Aetna HDHP \$350 14-State		Aetna PPO \$150 14-State PA		Aetna EPO \$400 14-State		Aetna EPO \$400 14-State		Aetna HDHP \$300 10014-State		Aetna PPO \$200 14-State	
	Aetna Managed Choice PDS Open Access	Aetna Managed Choice PDS Open Access	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Managed Choice PDS Open Access	Aetna Managed Choice PDS Open Access	Aetna Managed Choice PDS Open Access	Aetna Managed Choice PDS Open Access	Aetna Managed Choice PDS Open Access	Aetna Managed Choice PDS Open Access
Provider Network												
Deductible Single / Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$4,000 / \$10,000	\$4,000 / \$10,000	\$2,000 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,000 / \$5,000	\$2,000 / \$5,000
Deductible Single / Family COB	\$10,000 / \$20,000	\$10,000 / \$20,000	Not covered / Not covered	Not covered / Not covered	Not covered / Not covered	Not covered / Not covered	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$5,000 / \$12,500	\$5,000 / \$12,500
Out of Pocket Max Single / Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$5,500 / \$11,000	\$5,500 / \$11,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$5,000 / \$12,500	\$5,000 / \$12,500
Out of Pocket Max Single / Family COB	\$15,000 / \$30,000	\$15,000 / \$30,000	Not covered / Not covered	Not covered / Not covered	Not covered / Not covered	Not covered / Not covered	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$15,000 / \$37,500	\$15,000 / \$37,500
Co-insurance	0%	0%	20%	20%	40%	40%	0%	0%	0%	0%	20%	20%
Co-insurance COB	30%	50%	Not covered	Not covered	Not covered	Not covered	30%	30%	30%	30%	40%	40%
Doctor Visit/Specialist Visit	0% after ded / 0% after ded	\$25 / 0% after ded	\$45 / \$70	\$45 / \$70	\$30 / \$50	\$30 / \$50	\$30 after ded / \$45/visit after ded	\$30 after ded / \$45/visit after ded	\$30 after ded / \$45/visit after ded	\$30 after ded / \$45/visit after ded	\$30 / \$50/visit	\$30 / \$50/visit
Lab & X Ray	0% after ded	0% after ded	20% after ded	20% after ded	40% after ded	40% after ded	0% after ded	0% after ded	0% after ded	0% after ded	20% after ded	20% after ded
Emergency Room Visit	0% after ded	0% after ded	\$200	\$200	\$200	\$200	\$200 copy after ded	\$200 copy after ded	\$200 copy after ded	\$200 copy after ded	\$150/visit	\$150/visit
Urgent Care Visit	0% after ded	0% after ded	\$75	\$75	\$75	\$75	\$75 copy after ded	\$75 copy after ded	\$75 copy after ded	\$75/visit	\$75/visit	\$75/visit
Hospital Outpatient (Facility / Surgery)	0% after ded / 0% after ded	0% after ded / 0% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	40% after ded / 40% after ded	40% after ded / 40% after ded	\$75 after ded / \$75 after ded	\$75 after ded / \$75 after ded	\$75 after ded / \$75 after ded	\$75 after ded / \$75 after ded	20% after ded / 20% after ded	20% after ded / 20% after ded
Hospital Inpatient (Overnight)	0% after ded	0% after ded	20% after ded	20% after ded	40% after ded	40% after ded	\$750 copy per confinement after ded	\$750 copy per confinement after ded	\$750 copy per confinement after ded	\$750 copy per confinement after ded	20% after ded	20% after ded
Rx Outpatient (Non-Cancer)	Integrated w/ Med	\$0	\$100/\$300	\$100/\$300	\$100/\$300	\$100/\$300	Integrated w/ Med	Integrated w/ Med	Integrated w/ Med	Integrated w/ Med	N/A	N/A
Prescription (Rx Tier 1 / 2 / 3)	\$10 after ded / \$30 after ded / \$50 after ded	\$10 / \$35 / \$60	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 after ded / \$30 after ded / \$50 after ded	\$10 after ded / \$30 after ded / \$50 after ded	\$10 after ded / \$30 after ded / \$50 after ded	\$10 after ded / \$30 after ded / \$50 after ded	\$10 / \$30 / \$50	\$10 / \$30 / \$50
RATES	0 EE 2 ES 0 EC 0 EF	0 EE 1 ES 0 EC 0 EF	0 EE 2 ES 10 EC 10 EF	0 EE 2 ES 10 EC 10 EF	0 EE 2 ES 10 EC 10 EF	0 EE 2 ES 10 EC 10 EF	0 EE 2 ES 10 EC 10 EF	0 EE 2 ES 10 EC 10 EF	0 EE 2 ES 10 EC 10 EF	0 EE 2 ES 10 EC 10 EF	0 EE 2 ES 10 EC 10 EF	0 EE 2 ES 10 EC 10 EF
Employee Only	\$391.00	\$407.00	\$408.00	\$408.00	\$469.00	\$469.00	\$503.00	\$503.00	\$503.00	\$503.00	\$515.00	\$515.00
Employee & Spouse	\$903.00	\$940.00	\$943.00	\$943.00	\$1,085.00	\$1,085.00	\$1,161.00	\$1,161.00	\$1,161.00	\$1,161.00	\$1,189.00	\$1,189.00
Employee & Children	\$798.00	\$830.00	\$832.00	\$832.00	\$958.00	\$958.00	\$1,025.00	\$1,025.00	\$1,025.00	\$1,025.00	\$1,050.00	\$1,050.00
Family	\$1,185.00	\$1,233.00	\$1,236.00	\$1,236.00	\$1,423.00	\$1,423.00	\$1,523.00	\$1,523.00	\$1,523.00	\$1,523.00	\$1,560.00	\$1,560.00
TOTAL MONTHLY CHARGE	\$1,806	\$940	\$1,886	\$1,886	\$2,170	\$2,170	\$2,322	\$2,322	\$2,322	\$2,322	\$2,378	\$2,378

Effective Date: 01/01/2019 | Contribution: EE: 100% | ES: 100% | EC: 100% | EF: 100% | PPO: 100% | HDHP: 100% | Family Plan: 100%
 *The highlighted plan(s) and corresponding monthly charges above represent the lowest cost plan option(s) available to each benefit eligible employee in this benefit category. This has been highlighted for illustrative purposes only. Thicker font suite of benefit offerings and corresponding monthly charges for benefits eligible employees are inclusive of all plan(s) identified above.

BENEFITS	Aetna HONR 2700 Tr-State	Aetna EQJ 25 Tr-State	Aetna EPD 35 Tr-State	Aetna Managed Choice POS Open Access	Aetna PRO 1000 Tr-State	Aetna EQJ 90 Tr-State	Aetna PRO 750 Tr-State
Provider Network	Aetna Managed Choice POS Open Access	Aetna Open Access Elect Choice	Aetna Open Access Elect Choice	Aetna Managed Choice POS Open Access	Aetna Open Access Elect Choice	Aetna Managed Choice POS Open Access	Aetna Managed Choice POS Open Access
Deductible Single / Family	\$2,200 / \$5,400	\$1,000 / \$2,500	\$0 / \$0	\$1,000 / \$2,500	\$0 / \$0	\$750 / \$1,875	\$2,500 / \$6,250
Deductible Single / Family QON	\$4,000 / \$8,000	Not available / Not available	Not available / Not available	\$4,000 / \$10,000	\$6,000 / \$12,000	\$3,500 / \$8,750	\$5,000 / \$12,500
Out-of-Pocket Max Single / Family	\$4,500 / \$9,000	\$4,900 / \$10,000	Not available / Not available	\$4,000 / \$10,000	\$8,000 / \$20,000	Not available / Not available	\$8,000 / \$20,000
Out-of-Pocket Max Single / Family QON	\$8,000 / \$16,000	Not available / Not available	Not available / Not available	Not available / Not available	Not available / Not available	Not available / Not available	Not available / Not available
Cop Insurance	10%	20%	0%	20%	20%	0%	10%
Co Insurance QON	30%	Not available	Not available	Not available	30%	Not available	30%
Doctor Visit / Specialist Visit	10% after ded / 10% after ded	\$25 / \$40/visit	\$45 / \$65/visit	\$25 / \$40/visit	\$30 / \$50/visit	\$30 / \$50/visit	\$20 / \$30/visit
Lab & X Ray	10% after ded	20% after ded	0%	20% after ded	0%	0%	10% after ded
Emergency Room Visit	10% after ded	\$200/visit	\$200/visit	\$200/visit	\$150/visit	\$200/visit	\$150/visit
Urgent Care Visit	10% after ded	\$75/visit	\$75/visit	\$75/visit	\$75/visit	\$75/visit	\$75/visit
Hospital Inpatient (Overnight)	10% after ded / 10% after ded	20% after ded / 20% after ded	0% / 0%	20% after ded / 20% after ded	0% / 0%	0% / 0%	10% after ded / 10% after ded
Hospital Inpatient (Non-Geriatric)	10% after ded	20% after ded	\$300/day; days 1-5	20% after ded	20% after ded	0% after \$750/admit	10% after ded
Out-Patient (Non-Geriatric)	10% after ded w/Meet	\$100/\$300	\$100/\$300	\$100/\$300	N/A	\$100/\$300	N/A
Prescriptions (Per Tier 1/2/3)	\$10 after ded / \$30 after ded / \$50 after ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 / \$30 / \$50	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 / \$30 / \$50
RATES	0 EE 2 ES 0 EC 0 EF	0 EE 2 ES 10 EC 0 EF	0 EE 2 ES 10 EC 0 EF	0 EE 2 ES 10 EC 0 EF	0 EE 2 ES 10 EC 0 EF	0 EE 2 ES 10 EC 0 EF	0 EE 2 ES 10 EC 0 EF
Employee Only	\$821.00	\$649.00	\$899.00	\$619.00	\$626.00	\$702.00	\$702.00
Employee & Spouse	\$1,204.00	\$1,267.00	\$1,315.00	\$1,416.00	\$1,445.00	\$1,633.00	\$1,633.00
Employee & Child(ren)	\$1,083.00	\$1,119.00	\$1,118.00	\$1,251.00	\$1,278.00	\$1,442.00	\$1,442.00
Family	\$1,579.00	\$1,662.00	\$1,725.00	\$1,857.00	\$1,896.00	\$2,142.00	\$2,142.00
TOTAL MONTHLY CHARGE	\$2,408	\$2,534	\$2,630	\$2,832	\$2,890	\$3,266	\$3,266

* The highlighted plan(s) and corresponding monthly charges above represent the lowest cost plan option(s) available to each benefits eligible employee in this benefit category. This has been highlighted for illustrative purposes only. Trinet's full suite of benefit offerings and corresponding monthly charges for benefits eligible employees are inclusive of all plan(s) identified above.